

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED
A Public Document

1. Agency Name <u>Santa Clara County Probation</u>		Date Stamp City 2016 MAY 18 AM 10:49	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Edge Program</u>			
Designated Agency Contact (Name, Title) <u>Marmet Williams PCIT</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>408 573-3249</u>	E-mail <u>Marmet.Williams@pro.sccgov.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 150

Event Description: Sharks vs Edmonton Oilers Date(s) 3, 24, 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Santa Clara County Probation</u> <u>Edge Program</u>	<u>8</u>	<u>Giving youth whom are on Probation an opportunity to experience a sporting Event etc.</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Marmet Williams Probation Counselor II 3/30/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____